

STATE OF WASHINGTON

Annual Progress and Services Report

Submitted June 2003

Section VII

Child Abuse Prevention and Treatment Act

Children's Administration
Department of Social and Health Services

CAPTA

The four primary areas for improvement under the Child Abuse Prevention and Treatment Act (CAPTA) noted in Children's Administration's (CA) 1999 state plan were:

1. Investigation of reports of child sexual abuse has expanded to "Intake, assessment, screening and investigation of reports of abuse and neglect"
2. Assessment and services for situations of chronic neglect
3. Expansion of community partnerships and neighborhood support systems to improve child protection
4. CPS Symposium, normally held in alternating years

Specific strategies over the years reflect shifts in available funding as well as system improvements. Section III of the 2003 Annual Progress and Service Report details future strategies. CAPTA related accomplishments for 2003 are noted below in the same order as listed above.

CAPTA ACCOMPLISHMENTS 2002

1. Intake, assessment, screening and investigation of reports of abuse and neglect.

- Investigation of Reports of Child Sexual Abuse and Child Physical Abuse:
Audio Recording of Investigative Child Interviews

Statewide implementation of audio recording of investigative child interviews for child sexual and physical abuse was planned for May of 2003. Implementation has been delayed given current budget constraints. CA continues to be committed to statewide implementation of this initiative and will revisit the equipment purchase with the new fiscal year beginning July 2003.

A significant amount of work has been done to support statewide implementation. Draft policy and procedures have been developed, the digital equipment test is complete, transcription standards have been identified and bids for transcription providers have been evaluated. A practice guide for audio recording of child interviews is being developed. Procedures have also been developed for using the digital equipment. Implementation of this project will move forward once funding is secured.

➤ Kids Come First Initiative

In fiscal year 2002, CPS coordinators and other agency have continued to be involved in a significant statewide initiative entitled Kids Come First (KCF). Secretary Dennis Braddock, Department of Social and Health Services and Governor Gary Locke have provided support for the project.

A major portion of the KCF initiative included the development of seven new risk assessment tools. The assessment tools include:

- intake risk assessment
- safety assessment
- safety plan
- investigative risk assessment
- re-assessment of risk
- reunification assessment
- transition and safety plan

The risk assessment tools are reflective of three of the primary objectives of the KCF initiative and represent current social worker best practice. The three KCF objectives include:

1. Child safety is the primary mission for Children's Administration. When the interests of parents and children compete, or when there is an issue of reunification versus safety, child safety is always the paramount decision.
2. Shared decision-making results in sound decision making.
3. Critical thinking is an important part of shared decision making. Critical thinking requires that social workers collect and analyze initial data with an open mind. Judgement regarding the reliability of information about the family should be reserved until careful investigation of the facts has occurred.

The Kids Come First Initiative has been fully implemented statewide. *The Practice Guide to Risk Assessment* was completed in May 2002 and available on-line for all CA staff. In January 2003, a hard copy of the guide was made available to the field. The guide reviews each decision point in the life of a case and the risk assessment tools available to guide decision making.

➤ Child Protective Services Coordinators

Programs directed at intervention and reduction of child maltreatment are managed regionally within CA. The funding of six regional Child Protective Services (CPS) coordinators continues to constitute the largest expenditure of the

funds provided by the CAPTA Basic State Grant. The CPS coordinator in each region is the resource for issues related to CPS and risk assessment. The coordinators meet monthly as a group with the state CPS program managers to discuss local and statewide issues.

The coordinators in the regions are responsible for:

- regional and statewide CPS quality assurance
- staff and community training
- statewide CPS projects
- consultation and consensus building
- coordination of community based child protection teams
- participation in child fatality reviews
- coordination of Alternative Response Systems (ARS) providing services for low risk families

Additional duties of the CPS coordinators this year included:

- The coordinators suggested changes to the WACs and revised the notification letter sent to all alleged perpetrators of child abuse and neglect. The new WACs were adopted in February 2003 and are now consistent with state and federal definitions of child abuse and neglect. The change in definitions also generated a significant change in other areas of our agency, notably in our Case and Management Information System (CAMIS) and in our notification letter sent to families after the completion of a CPS investigation.
- A work group reviewed recommendations from the Office of Children's Administration Research (OCAR), incorporating many into new ARS provider contracts effective January 2003. Some of the changes include:
 - Cases referred to ARS remain open in the CPS system
 - Families are served for a maximum of 18 months
 - Training for ARS direct service staff is required
 - CA tracks outcomes on a monthly basis

A new system is in place for monitoring outcomes for families and the number of referrals generated from each local office. Statewide training for all direct service ARS providers was held in March and May 2003. ARS providers are also being trained in Family Decision Making via the family support meeting model.

- Coordinators contributed to the development of a data collection

System designed to track child fatality cases reported to CPS. The new system, the Administrative Incidents Reporting System (AIRS), features an improved child fatality review tool and tracks trends and recommendations identified during the internal review process. It was implemented in March 2003. The new system also allows for tracking of cases that do not meet our criteria for an internal review process. The coordinators were also responsible for developing a practice guide for the new AIRS system. Specific training to regional offices continues for this new system.

➤ Child Fatality Reviews

CA continues to do child fatality reviews on child deaths when:

- the family had an open CA case at the time of the fatality
- the family had any CA services during the 12 month period prior to the child's death
- the death occurred in a CA licensed facility or a licensed child care facility/home.

Child fatalities are reviewed through an internal fact finding review within the agency and externally through a community review facilitated by the Department of Health's (DOH) local health jurisdiction.

The CPS coordinators in each region coordinate all child fatality internal fact finding reviews meeting the criteria for a required review. The CPS coordinator in each region also sits as a member on the local health jurisdiction's child death review team. The Department of Health and CA continue discussion on methods of collaboration related to child death reviews.

➤ CAMIS Graphic User Interface (GUI)

The following improvements in our automated data collection system, GUI, have occurred in this reporting period:

- The Kids Come First, Transition and Safety Plan was implemented in GUI in October 2002.
- The Division of Licensed Resources CPS Family Safety Assessment was implemented in July of 2002.
- The Investigative Risk Assessment was put online February 2003.
- The GUI system was updated to provide access to risk assessments in classic CAMIS in April 2003.
- Changes were made in CAMIS GUI to more closely reflect the state and federal definitions of child abuse and neglect.

➤ CPS Findings: Notification and Appeals

Notification

When CA receives a report of alleged child abuse/neglect, the person or persons alleged to have perpetrated the abuse/neglect is referred to as the "subject" of the referral. For all investigated cases, each subject is sent a notification letter informing them of:

- The fact that they were the subject of a child abuse/neglect investigation;
- The date of the referral;
- The referral number;
- The nature of the allegation(s) in the referral;
- The "finding" of the investigation (i.e. "founded", "inconclusive" or "unfounded") for each allegation; and
- A summary statement describing the basis for each finding.

Appeal Process

In addition to notifying all subjects of all CPS investigations, CA also provides clear instruction on the appeal process for founded CPS findings. There are several stages of review in this process.

First, in the notification letter described above, subjects are notified that there are twenty calendar days in which to request an administrative review. If the allegation is founded, the notification letter contains a form to request an administrative review. Data collection and tracking for these internal reviews is underway. It is anticipated that those numbers will be available for our 2004 report.

The administrative review is conducted by the local Division of Children and Family Services area administrator or the CPS section manager for the Division of Licensed Resources. Within sixty calendar days of the subject filing the request, the decision is sent via certified mail to the subject, along with instructions for the second stage of appeal, which is to the Office of Administrative Hearings.

At this level, the subject has opportunity to present evidence and call witnesses at a formal hearing conducted by an administrative law judge (ALJ). Within 60 days of the hearing's completion, the Office of Administrative Hearings mails out an initial decision to all parties notifying them of the decision rendered by the ALJ. Information provided to all parties includes findings of fact and conclusions of law made following the hearing.

Decisions rendered by the Office of Administrative Hearings may be appealed either by the subject or by the Department of Social and Health Services. This third level of appeal is to the DSHS Board of Appeals (BOA). Parties must file a Petition for Review with the BOA within twenty-one calendar days of the date of the initial decision.

The BOA is a board of attorneys serving as administrative appeal judges. Judges at this level issue rulings based on the evidence and testimony presented at the OAH hearing relative to each finding, as well as the ALJ's findings of fact and conclusions of law. All parties are notified of the decision rendered by the DSHS Board of Appeals, along with instructions for how to pursue further appeal.

The fourth level of appeal is to the Washington State Superior Court. As the chart below indicates, it is unusual for CAPTA cases to reach this level of appeal. Beyond this, two additional levels of appeal are possible through the State of Washington Court of Appeals, and finally the State Supreme Court.

Of approximately 3,700 CPS findings produced by DCFS and DLR workers in 2002, appeals were as follows:

ALJ Administrative Hearings:	18 findings upheld; 19 findings reversed
DSHS Board of Appeals:	8 decisions upheld; 3 decisions reversed
Superior Court:	1 appeal; decision pending
State Supreme Court:	0

➤ Central Intake (CI)

In August 2002, CA began operating Central Intake (CI), a central reporting center for statewide referrals alleging C/AN on the weekends and after business hours. In December 2002, CI began operating 24 hours a day, seven days a week to accept all CA/N referrals across the state and replaced intake units in 43 local offices. It receives an average of 250 to 300 referrals per day and 6,000 referrals per month.

Central Intake was implemented to:

- Improve consistency of screening decisions
- Improve consistency and timeliness of responses to reports of CA/N
- Improve efficiency

Initial trends indicate Central Intake has:

- Slightly higher rates of accepted referrals (51% compared to 49%)
- Slightly lower placement rates (12% compared to 14%)

Central Intake faced significant implementation issues, including:

- Staffing
- Staff training on intake decision making
- Defining roles and responsibilities of Central Intake and regional staff including responsibilities to coordinate with local law enforcement
- Wait times experienced by referents calling the 1-800 number
- Training staff to use new equipment

While some of the issues, such as hiring and training staff, were anticipated, others, such as responses from stakeholders and the complexity of the new equipment were not. Central Intake responded to these issues by:

- Hiring additional CI supervisory and front line staff
- Contracting an independent evaluation of CI
- Sending CI staff to meetings with internal and external stakeholders to improve communication and working relationships
- Encouraging consensus building, facilitated by the CPS coordinators
- Hiring customer service staff to respond to calls that are not referrals or requests for CWS or FRS assistance

Department of Social and Health Services Secretary Dennis Braddock contracted with Sterling Associates for an independent analysis of the intake system on March 27th, 2003. In addition, the CA Case Review Team looked at the quality of work performed by intake staff.

Neither the case review nor the Sterling report found that assessing a child's risk for abuse or neglect became more consistent under Central Intake. The Sterling Associates review made it clear that we miscalculated the number of staff, the amount of training they required and the resources needed to build a new, more efficient system. We also underestimated the importance of local working relationships between our staff and the communities they serve, in protecting children. We did not give adequate time to hear their views nor did we give sufficient weight to their concerns.

CA announced June 9th that CI will continue for after-hours reporting and that all child placement and daytime intake responsibility will return to the field. This transition will occur over several months. In choosing this new direction, we do not anticipate returning to business as it was prior to the centralization of intake. We see an opportunity, in consultation with staff and community partners, to improve the quality and efficiency of our intake services and to work towards the goal of improving statewide consistency.

➤ Guardian Ad Litum (GAL) Program

A CASA is a trained volunteer charged with the responsibility of investigating the child and family situation and acts on behalf of the best interests of the child. CASAs are appointed in dependency cases in juvenile court.

While CA does not administer the GAL program, CA takes an active role in seeking to expand and enhance both volunteer and paid GAL programs. CA has a longtime commitment to work with partners to achieve quality GAL representation for abused and neglected children in court.

Washington State CASA Program Statistics*		
Year	Active CASA Volunteers	Number of Children Served
1999	1357	5525
2000	1645	6485
2001	1915	6568
2002	2121	6267

*Statistics provided by the Washington State CASA Association

From 2000 to 2002, CASA volunteers have increased by 28%. There were slightly fewer children served by CASA volunteers this year than last year. According to the Washington State CASA there are several reasons why this may have occurred. Those reasons include:

- Volunteers increased by nearly 9% in the last year resulting in increased training by volunteer coordinators.
- New volunteers were not able to carry full case loads until training/mentoring was completed.
- The National CASA Association tightened standards for CASA caseload ratios (30 to 1).
- A number of new programs required significant start up time before serving children.
- Aside from the national caseload standards, several programs addressed other quality assurance issues.
- Some local programs reduced funding for volunteer coordinators.

The table above only reports the number of children served by CASAs. Children that may alternatively be served by attorney GALs or other individuals appointed by the court are not reflected in this chart.

This past year, an estimated \$4.0 million dollars were awarded to statewide CASA programs. The statewide association has an annual budget of \$600,000 in addition to the budget for local programs. Approximately 93% of the funding for CASA programs were public funds. Other sources of funding included foundations, United Way, fundraisers, churches and corporations.

2. Assessment and services for situations of chronic neglect

Local office staff instituted the Vancouver Neglect Project in the fall of 1998 for families with:

- at least 5 prior referrals alleging neglect
- at least one child age six years or younger
- no juvenile court action at the time of case assignment and
- a willingness to participate in a one year voluntary service plan

The program has served 42 families with 59 parents and 113 children. Family team meetings are held and Community Protection Teams consulted in case plan development. Risk factors identified for chronic neglect include:

- chronicity of neglect
- young and vulnerable children
- unresolved mental health issues
- domestic violence
- criminal history
- substance abuse
- limited parenting skills
- isolation

Protective factors put in place by the program include:

- concentrated effort to coordinate community services
- development of natural supports such as relative placements
- infant and toddler early intervention
- developmental testing
- access for parents and children for routine medical and dental care

Three program expansion pieces are anticipated in the coming year:

1. Capacity increase
2. Parent group to be established with the following goals:
 - reduce isolation
 - promote parental empathy

- teach social skills
 - build communication skills
 - develop a peer support group
3. Community links to be established with the following agencies:
- senior volunteer programs
 - educational service districts
 - domestic violence programs
 - regional library
 - parks and recreation
 - YWCA

3. Expansion of community partnerships and neighborhood support systems to improve child protection.

➤ Family Decision Making (FDM)

Family Decision Making was first introduced in WA state in 1996. The FDM model in WA consists of two basic meetings: the Family Group Conference and the Family Support meeting. Both of these meetings engage family and service providers by sharing information and decision making to reach a common goal of ensuring the safety and protection of children. These meetings are voluntary and require consent from the parent and social worker.

A Family Group Conference (FGC):

- works well when multiple issues must be addressed
- can be a large meeting with many participants
- includes family and extended family in planning session
- participants are prepared by the coordinator for their role in meeting
- asks service providers to share information in the first part of meeting
- provides the family with private time to create plan without professionals present
- may last three hours to a full day
- goal is determined at time of the referral to a Family Group Conference
- allows the social worker to review family's plan to ensure the child's safety
- follow up meetings can be held to review the family's progress at the request of the family or suggestion by the social worker

A Family Support Meeting:

- is best utilized when specific issues need to be addressed

- goal of meeting is discussed in detail as part of the agenda
- parent identifies family and service providers who should attend
- family takes the lead in planning with input from service providers
- all participants remain in the room throughout the meeting
- is generally a two hour meeting

The FDM coordinators meet on a monthly basis and have developed a statewide system for tracking outcomes for families.

To date, there have been two major studies looking at Family Group Conferencing in Washington State. The first, Evaluation of Washington State's Family Group Conference Program, is an unpublished report prepared for the Northwest Institute for Children and Families and the Washington State Division of Children and Family Services by W. Vesneski in 1998 that examined the 18 month statewide pilot project completed in 1997. This report concluded:

- Families develop good plans. Of the 133 FGCs completed within the pilot project, 131 conferences resulted in plans accepted by the assigned social worker.
- Within the pilot project, 89% of the plans developed for the children in dependency status recommended permanent placement within the family.
- Relative searches are significantly enhanced. An average of six family members, including parents attended FGCs.

The second report, Long Term and Immediate Outcomes of Family Group Conferencing in Washington State, by Shore, Wirth, Cahn, Yancey, and Gunderson was completed in 2001 and concluded:

- Family Group Conferencing supports parental reunification. 22% of the children resided with their parents at the time of the initial FGC. That number increased to 43% in the post-conference review.
- A family plan was identified for 97% of the children. All of the plans were approved by the social worker, indicating that the plans met agency standards for child safety and well being.
- Family Group Conferencing supports kinship care. 24% of the children were placed or remained with their father, 28% with their mother, 6% with both parents, 20% with a maternal relative and 10% with a paternal relative. In 12% of the cases, a non-relative placement was identified.

- Family Group Conferencing results in permanent plans. FGC resulted in permanent placement for 82% of the children.
- Relative searches are significantly enhanced. An average of eight family members attended.
- Placements were stable over time. The majority of the children were in the placement identified in the family plan. Only 14 (10.1% of 137) of the children experienced difficulties with the intended primary plan and consequently were placed in out of home care. Four of these children moved to a non-relative out of home care situation identified by the family as their secondary plan. Three of the 14 children were placed in relative care
- CPS re-referral rates are low post conference. 6.8% of the families involved in FGCs had a founded CPS referral post-conference. Additionally, there were substantiated CPS referrals on only two of 55 children that were the focus of an FGC over two years prior to the study.

In Washington State the FDM model has been used in these circumstances:

- Group Care
- CPS African American Unit
- Alternative Response System
- Independent Living programs
- CPS and CWS units

There has been interest in expanding the FDM model for foster care placements, adoption support and juvenile rehabilitation. This past year a FDM brochure was developed for statewide distribution to regional DCFS staff and potential FDM clients. The brochure explains the two different types of meetings and who to contact to set up a meeting. A new training manual has been completed for FDM and several facilitator trainings have occurred.

Two CA FDM facilitators will present at the FDM Round Table Conference in Minneapolis in June 2003. A lunch hour training was also provided at the Children's Justice Conference in April by FDM facilitators. Numerous community informational presentations have been given this spring to community college students and other interested community providers offering prevention programs.

➤ Early Intervention Program (EIP) and Continuum of Care (COC)

The EIP is similar to the ARS program and serves low risk chronic neglect families through the use of public health nurses. EIP public health nurses typically serve families with children ages birth to six and address health issues. The COC program has several providers that offer "ARS" type services also. This program typically uses social service providers rather than public health nurses.

Discussions with EIP and COC providers have begun in an effort to provide consistent, outcome based services for all statewide providers serving low risk families. Both programs are in the process of developing new contracts for the fiscal year beginning July 1, 2004.

➤ Child Protective Services and Domestic Violence Summit

On May 30, 2003, the first part of a Washington State Child Protective Services and Domestic Violence (CPS/DV) Summit will be held at the Wyndham Gardens Hotel in SeaTac. Statewide policy-makers will be in attendance from Children's Administration, the Coalition Against Domestic Violence, Washington courts, the Superior Court Judges' Association, the Legislature, the Washington State Office of Public Defense, the Attorney General's Office, the Washington Association of Prosecuting Attorneys, Washington State CASA and Children's Home Society.

In recent years, professionals who work in the field of domestic violence have recognized that there is a lack of common understanding among victim advocates, child welfare authorities, law enforcement, and the courts in dealing with the effects that domestic violence has on families. There are different opinions about the most effective way to address its impact on families. It has become clear that discussion and resolution of these conflicting outlooks is essential to the common goal of protecting women and children and stopping the cycle of domestic violence. Such discussion and resolution, and the development of statewide protocols, are the purpose of the CPS/DV Summit.

The CPS/DV Summit will consist of two statewide meetings. The May 30, 2003 meeting will initiate the dialogue and a March 2004 meeting will follow. Funding for the Summit is being provided by a Violence Against Women Act (VAWA) grant awarded by the Gender and Justice Commission's VAWA Grant Steering Committee.

➤ The Community-Family Partnership Project (CFPP)

The Community-Family Partnership Project (CFPP) initiated in the South King County Division of Children and Family Services office was designed to create a true partnership with the local community to better serve families in need.

This year the project expanded into the neighboring communities of Auburn, Algona and Pacific.

Children and families who may benefit from family support meetings as a prevention service are referred to the project by the CA CPS social worker and by local schools. Community members coordinate and facilitate these meetings. This project is in its final year and Stuart Foundation funding continues through December 2003. Efforts are in process to train community partners to continue this project from a local funding level.

➤ Parent Trust

Since 1990, CA has partnered with Parent Trust to provide services to families in Washington State. The Parent Trust Family Help Line is the only free, confidential, statewide phone service for Washington families to call before child abuse occurs. The three most common concerns for parents were:

- need for support
- anger with a child's behavior
- crisis with a teenager

The Family Help Line is also the statewide number used for the Child Abuse Prevention Blue Ribbon Campaign, the Shaken Baby Syndrome Prevention Campaign and the Relatives as Parents Program.

Parent Trust also conducts parent support groups that serve families at the highest risk for child abuse and neglect. From July 2002 to January 2003, Parent Trust handled 1,090 Family Hotline Calls. During this same time period, 48 Parent Trust Groups provided:

- 6,720 total visits to 1001 family members
- 647 caregivers attended 30 Parent Trust groups
- 354 children attended 18 Parent Trust Groups

➤ Child Protection Teams

The regular use of a community based Child Protection Team (CPT) is standard practice throughout the state. Staff are required to consult with the CPT regarding many high risk cases and may consult with the CPT on any case where the CPS staff want additional consultation in developing a case plan for the child and family.

Statewide CPT coordinators meet on a quarterly basis. The group continues to work on statewide consistency for the CPT process. Four new statewide CPT forms are now being used in every office at CPT meetings:

- The Confidentiality Pledge
- The Attendance and Confidentiality Agreement
- The CPT Case Presentation Summary
- The CPT Staffing Recommendations

The coordinators completed a revised Volunteer Handbook for CPT members in December 2002. The CPT Volunteer Handbook is available on the intranet for all CA staff. The CPT coordinators are also developing a training curriculum for CPT members across the state.

➤ Child Abuse Medical Consultation Network (MedCon)

The Child Abuse Medical Consultation Network (MedCon), funded by the CAPTA Basic State Grant, is also available for use by CPS staff to obtain a physician's opinion about abuse and neglect cases. The Network is made up of seven pediatricians throughout the state who are recognized as experts in diagnosing child maltreatment. The physicians are affiliated with major hospitals serving children in Washington. Those hospitals include:

- Children's Hospital and Medical Center in Seattle
- Harborview Medical Center in Seattle
- Mary Bridge Children's Hospital in Tacoma
- Deaconess Medical Center in Spokane

MedCon is available to CPS staff, DLR staff, law enforcement, attorneys and other physicians.

▪ Mandated Reporter Video

The 2000 video, "Making a CPS Referral: A Guide for Mandated Reporters" continues to provide consistent training to mandated reporters. Complimentary VHS/CD ROMs are available in both English and Spanish. CA contracts stipulate that contracted providers must ensure all staff view this video, and that each employee shall sign and date a statement acknowledging the duty to report child maltreatment.

Citizen Review Panel Annual Reports

Washington State has three citizen review panels that evaluate the state's child protection responsibilities in accordance with the CAPTA state plan. The three citizen review panels are:

- Statewide Oversight Committee, Children, Youth and Family Services Advisory Committee
- Region Two Oversight Committee
- Region Six Oversight Committee

The statewide oversight committee has remained stable with consistent leadership and committee members. The oversight committees in regions two and six have had considerable turnover due to changes in CA and community leadership. To date, both regions have permanent administrators in place and renewed commitment to the responsibilities associated with the role of citizen review panels.

CA will continue working with the citizen review panels to focus their efforts on our CAPTA efforts in child protection. The goal of child safety and CA's supporting strategies are discussed in length in Section III: Strategic Plan of this Annual Progress and Services Report. Annual reports for the three citizen review panels follow.

CAPTA CITIZEN REVIEW PANEL REPORT
Region 2 DCFS Citizen Review Panel
May 23, 2003

The Region 2 Oversight Committee continues to serve as a Citizen Review Panel (CRP) for CAPTA. This is a report on the CRP's work since May of 2001. The work plan for this time period includes the following:

- Regular convening of the CRP as part of the monthly Region 2 Oversight Committee meetings.
- Continuing focus on staff development and training based on the recommendations of our last report.
 - The CRP will follow upgrades of the Training Academy.
 - Progress/status: Mary Lou Szatkiewicz met with the CRP and provided a detailed report on upgrades to the academy. The upgrades included several changes consistent with the recommendations of the made in the 2001 CRP report. Most notable is the addition of post academy mentoring and coaching for new employees.
 - Identification of situations where post academy mentoring of new employees is taking place and dialog with the new employees and mentors on how that process is working.
 - Progress/status: In progress, these dialogs will be scheduled as new employee and mentor matches are available through the updated Academy process.
 - Review of staff development and training provided since the last report for relatedness to the mission of CA and to the skills workers need to carry out the mission.
 - Progress/status: This work will be completed during CRP meetings over the remaining months of 2003.
- Each local office in Region 2 has established child protection teams to support the work of child protection staff and to ensure community involvement in the planning and decision making related to those plans.
 - Meet with two local Child Protective Teams to gain insight to their functioning with respect to meeting the needs of children in their area.
 - Progress/status: The CRP has met with members of child protection teams in Ellensburg and the Tri Cities. It is clear that these teams are actively engaged in the work in these two communities and that the members of the teams have the support they feel they need to do their work. The teams meet on a regular schedule (25 CPTs per year) and volunteer their time. This adds up to a considerable

commitment over a year's time. An insight from this work is the fact the community representatives on these teams place high value on parent involvement in their meetings. They would like to see expanded use of family group conferencing early in the process.

- Meet with the Regional CPS Coordinator regarding their role and to learn their perceptions of the areas of child protection work that needs the most focus/support.
 - Progress/status: This work will be completed during the remaining months of 2003.
- Hard to place children is a challenge faced by child protection workers throughout the State. The CRP decided to review resource availability and accessibility to resources available through the Regional Service Networks.
 - Meet with representatives from the Regional Services Network to discuss resource availability and access to resources for hard to place children.
 - Progress/status: The CRP met with a representative from the Greater Columbia Regional Support Network and the children's resource manager for Benton/Franklin counties during the April 2003 meeting. The dialog resulted in clarifying the process for accessing resources for children with serious mental health issues. The overall impression was that the system is accessible to children served by DCFS.
- Each meeting of the CRP provides opportunities for review of child protection service delivery within Region 2.
 - Each meeting includes an opportunity for the general public to meet with the Oversight Committee that includes the CRP.
 - Most meetings include dialog between members of the CRP, line staff, and supervisors.
 - All meetings include an opportunity to dialog with Regional management.
 - At least 50% of the meetings include dialog with representatives from other parts of the service community who help support child protection services (Judges, mental health service providers, substance abuse providers, law enforcement, foster parents and consumers of child protection services).

Community Members

Rev. Thomas C. Champoux

Carrie Huie Pascua

Joan Kimble

Greg Nebeker
Kelly Rosenow
Peggy Sanderson
Ray Winterowd

DCFS Staff

Regional Administrator
Area Administrators
Diversity Coordinator

CAPTA CITIZEN REVIEW PANEL REPORT
Region 6, Children's Administration
May 28, 2003

The Region 6 Community Advisory Committee serves as a citizen review panel for CAPTA. This report summarizes the Region 6 Community Advisory Committee's discussions during the past year.

Dates of meetings – The Community Advisory Committee met on May 29, 2002, August 29, 2002, November 18, 2002 and March 12, 2003

Community Membership:

Current members of the committee are:

Launda Carroll, Penny Hammac, Larry Pederson, Steve Ironhill, John & Darcy Jarolim, Ralph Wyman, Tom Hostetler, Bob Kanekoa, Charles Shelan, Blaine Hammond, Cheri Dolezal, Kelley Simmons-Jones, Jamie Corwin, Nancy Leitdke and Jo Waddell.

DCFS Members:

Regional Administrator
Area Administrator

Primary topics of discussion:

A. Issues around the transition to and functioning of Centralized Intake:

The after-hours function was centralized in August 2002 despite vocal community opposition. The day time intake function was centralized in December 2002. The Community Advisory Committee expressed the same reservations and concerns regarding the centralization of intake as other community professionals in the region.

During March 2003, members of the Community Advisory Committee assisted in surveying community agencies in Thurston County regarding their experience with Central Intake. A number of community agencies reported difficulty in accessing CI staff to make reports. Law enforcement staff in Thurston county were a notable exception; these agencies stated that they were having no difficulties reaching CI.

B. Development of protocols with RSNs:

Children's Administration offices in Region 6 were involved for several months in developing working agreements with local RSNs. The Community Advisory

Committee had a number of comments and suggestions regarding both the process by which these agreements were reached and their substance.

The Community Advisory Committee has continued to express concern regarding the lack of high quality mental health services in Region 6. In past meetings, the Community Advisory Committee has discussed the deficiencies of brief therapy (6-8 weeks) models usually preferred by managed care systems. The committee has also expressed concern regarding the training and pay of staff in RSN funded local agencies.

C. Fatherhood Initiative:

The National Family Preservation Network, in cooperation with the Stuart Foundation, has funded four fatherhood involvement projects in Region 6. Four offices have fatherhood involvement initiatives. These offices are Centralia, Olympia, Shelton and Aberdeen.

The Community Advisory Committee has expressed positive support for this initiative and offered ideas for implementation, including the development of local steering committees with father involvement.

D. Foster parent recruitment and retention:

This subject is discussed at every Community Advisory meeting. Discussions often come back to the question of why some offices are doing so much better than others in regard to foster home recruitment.

The Community Advisory Committee has two foster parents who serve as liaisons between Children's Administration staff and foster parents. These foster parents have commented about the importance of communication between foster parents and social workers and about their liaison role in facilitating communication.

E. Accreditation:

Four Region 6 offices have gone through the accreditation process during the past year. These offices are Aberdeen, Long Beach, Olympia and South Bend.

The Community Advisory Committee has been strongly supportive of accreditation.

F. Budget:

The Community Advisory Committee has been given regular updates on the Region 6 budget during a year in which the region has moved from an overspend to a large (3 million dollars) underspend.

The Community Advisory Committee has supported the budget controls that have generated the budget savings.

CAPTA CITIZEN REVIEW PANEL REPORT
Children Youth and Family Services Advisory Committee
May 21, 2003

Purpose

The purpose of the Citizen Review Panel is to evaluate the extent to which the state is fulfilling its child protection responsibilities in accordance with its CAPTA State plan.

Area of Focus Selected for this Report

During this reporting period the CAPTA CRP focused its work on child protection issues in the area of Child Protection Intake.

Process

The Children, Youth, and Family Services Advisory Committee - Citizen Review Panel (CRP) met four times for the purpose of preparing this report. The CRP used examination of relevant documents and research, key informants, and discussion as its primary method for review. The first meeting included an overview of CAPTA and the role of the Citizen Review Panel. At this meeting, the CRP members chose to evaluate the State's efforts to fulfill their Child Protection Intake services responsibilities. Subsequent meetings resulted in the following report.

SECTION I: Children, Youth & Family Services Advisory Committee CAPTA Citizens Review Panel work plan and progress.

Consistent with the 2003 State of Washington CAPTA State Plan, the CRP will focus on the goal of the State Plan related to intake assessment, screening and investigation of reports of abuse and neglect. The work will include:

1. The CRP will review progress of implementation of centralized intake during monthly meetings of the CRP. This work is in progress. This review will include critical information regarding timeliness and responsiveness to calls. It will also include field response time to more serious calls.

Progress: Centralized Intake (CI) for child abuse and neglect referrals was initiated in the third and fourth quarter of 2002. Initially CI covered after hours referrals and later began doing both day time and night time referrals. The CRP received progress reports on the implementation

process at each of its regular meetings. As we approached this work it was acknowledged that switching to a CI process was a complex and challenging process and that there would be significant problems to solve during implementation. It was also understood that there were issues related to child protection intake that needed improvement, especially in the area of standardization of risk determinations. Feedback was presented to Children's Administration staff at each of these meetings. Examples of issues reviewed by the CRP will follow.

One issue was adequacy of staffing for CI (both for responding to referrals and for supervision). Adequacy included number of staff, the experience of staff and supervision of staff. CI knew from the onset that recruitment, hiring and training of enough staff to fully implement CI would be a challenge. They have established a priority to resolve this problem and have made good progress. Several other issues were reviewed. CI keeps a log of calls received and response time. It became clear that there were peak call periods during which there were not enough staff to respond to the calls within an acceptable time frame. These peak times appear to be directly related to school personnel across the state making calls at the same time during teacher breaks and immediately after school. It also became clear that systems to ensure that information transfer and responses by local offices needed refinement to ensure timely appropriate responses. CI management reported their action plans to overcome these issues to the CRP. One issue that was perhaps underestimated during the planning for CI was the intricacy and strength of the local networks that have developed over the years for response to child protection referrals. It will take a consistent and concerted effort at the local level to help referral sources and law enforcement become familiar with and trusting of these changes.

2. The CRP will make a site visit to centralized intake office to increase its knowledge of how the system works.

Progress: This visit has not taken place as of this report. The intent was to allow sufficient time for CI to get established before completing the visit. Two other circumstances have delayed the visit. One was the death of the Assistant Secretary for the Children's Administration. The other was an outside review of CI ordered by the Secretary of DSHS.

3. CRP members will provide feedback regarding implementation issues occurring at the local level (geographic areas of the State members represent).

Progress: The CRP discussed and provided feedback to CA on local issues, news coverage and public response to CI during regular convening of the panel.

4. To the extent possible the CRP will participate in community forums regarding centralized intake. Regional oversight committees and Child Protective Teams may be used as a vehicle for some of these forums.

Progress: CRP members along with CI management participated in stakeholder public forums regarding CI in Spokane, the Tri Cities, and Yakima. Meetings related to an independent study of CI initiated by the DSHS Secretary occurred in Regions 4, 2, and 1 and were attended by CRP members.

5. CRP members will meet with local CA staff regarding implementation of centralized intake and will provide feedback to the CYFSAC.

Progress: Two of the CRP have met with local DCFS staff and law enforcement during three meetings of the Region 2 Oversight Committee. One member met with DCFS staff in Region 1 and one member met with DCFS staff in Bellingham.

6. The CRP will complete a report regarding the results of its work around these issues.

Progress: This Citizen Review Panel will continue to provide oversight for Central Intake, and will update this report in 2004.

SECTION II: Citizen Review Panel Observations

The issues of greatest concern regarding the new Central Intake service are:

- Callers being placed on hold for long periods of time.
- Some Intake workers appear to be inexperienced and lack sufficient training.
- The capacity to send a worker out immediately if a situation is urgent and assess risk (e.g., school or hospital personnel who are unwilling/reluctant to send a child home, children who have been dropped off at a crisis nursery). It is not acceptable to the community to have an anonymous person at CI decide that the case isn't urgent and simply put it into the routine process. There needs to be a fall back mechanism at minimum to negotiate the response.

- The fact that there appears to be no policy about referrals to law enforcement. What people want is an immediate referral process as soon as the case reaches the local office and ASAP if the case is urgent.
- Clarification about the police pick up question. There is clearly a perception that the Department changed a policy and is now leaving police with the responsibility for transporting children or making placements. At minimum it needs to be spelled out what the expectation is.
- Consultation with the reporter to obtain additional information or to inform them about the plan. In some cases CPS workers do not bother to make contact with the reporter to learn any additional information nor to coordinate the investigation. This should be standard practice (except perhaps in emergencies) because it makes all the difference in terms of community support.
- Some mechanism for responding to situations that may not rise to level that permits legal intervention (or where there is a strong disagreement about risk level) but where local practice has supported a referral process to services and coordinated efforts to get intervention to families (e.g., pregnant drug abusers). This does not mean that there should be inconsistencies in screening and risk assessment, but recognition that there are many at-risk situations the community cares deeply about out and wants to work in some form of collaboration with the Dept. This can only happen at the local level since CI will inevitably be unaware of local services/practices.

Since identifying these issues, Central Intake has ameliorated some of these concerns by significantly reducing wait times, by implementing a review of cases for quality assurance, and by prioritizing calls from law enforcement. In addition, the DSHS Secretary has initiated an independent review of the program that was not complete at the time of this report.

Section III – Citizen Review Panel Recommendations

In addition, a comprehensive plan needs to be developed and carried out to support CPS staff and local communities to assess Central Intake efficiency and effectiveness, develop standards and evaluation criteria to review follow-up investigation activities, strengthen community partnerships, and implement recommendations resulting from the independent review.

Children, Youth and Family Services Advisory Committee

2003 Citizen Review Panel members:

Lucy Berliner, Harborview Center for Sexual Assault and Traumatic Stress, Seattle

John Britt, Tacoma/Pierce County Health Department

Robert Faltermeyer, Excelsior Youth Center, Spokane

Joan Kimble, Speech/Language Pathologist, Pomeroy

Laurie Lippold, Children's Home Society, Seattle

Byron Manering, Brigid Collins Family Support Center, Bellingham

Tom McBride, Washington Association of Prosecuting Attorneys

Mary Ellen Shields, MD, Bellingham

Bernadine Spalla, YFA Connections, Spokane

Tess Thomas, Thomas House, Seattle

Gwendolyn Townsend, OCOC/UJIMA, Seattle

Peggy West, DHHS, Maternal Child Health, Seattle

Ray Winterowd, Casey Family Services, Yakima